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Application Data Sheet 37 CFR 1.76		Attorney Docket Number	108140-00041
		Application Number	10/568,093
Title of Invention	Diagnostic Method For Stroke		
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>			

Secrecy Order 37 CFR 5.2

<input type="checkbox"/> Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)
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Applicant Information:

Applicant 1				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix
	Pierre		Lescuyer	
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Annemasse	Country Of Residence	FR	
Citizenship under 37 CFR 1.41(b) FR				
Mailing Address of Applicant:				
Address 1	2 rue du Chablais, F-74100			
Address 2				
City	Annemasse	State/Province		
Postal Code	F-74100	Country	FR	
Applicant 2				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix
	Denis	Francois	Hochstrasser	
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Geneva	Country Of Residence	CH	
Citizenship under 37 CFR 1.41(b) CH				
Mailing Address of Applicant:				
Address 1	Chemin de la Savonniere 27			
Address 2				
City	Geneva	State/Province		
Postal Code	CH-1245	Country	CH	
Applicant 3				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix
	Jean	Charles	Sanchez	
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Bernex	Country Of Residence	CH	

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Citizenship under 37 CFR 1.41(b)		CH		
Mailing Address of Applicant:				
Address 1		6 Chemin des Cotonnets		
Address 2				
City	Bernex		State/Province	
Postal Code		CH-1233	Country	CH
Applicant 4				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name		Middle Name	Family Name
	Laure			Allard
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Gaillard		Country Of Residence	FR
Citizenship under 37 CFR 1.41(b)		FR		
Mailing Address of Applicant:				
Address 1		residence Le Clos des Vignes, 44 A Rue des Vignes		
Address 2				
City	Gaillard		State/Province	
Postal Code		F-74240	Country	FR
Applicant 5				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name		Middle Name	Family Name
	Elisabeth			Guillaume
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Divonne Les Bains		Country Of Residence	FR
Citizenship under 37 CFR 1.41(b)				
Mailing Address of Applicant:				
Address 1		76 Grande Rue		
Address 2				
City	Divonne Les Bains		State/Province	
Postal Code		F-01220	Country	FR
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button. Add				

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).	
<input type="checkbox"/> An Address is being provided for the correspondence information of this application.	
Customer Number	38485

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Title of Invention	Diagnostic Method For Stroke		

Email Address	nyipdocket@arentfox.com	Add Email	Remove Email
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Application Information:

Title of the Invention	Diagnostic Method For Stroke		
Attorney Docket Number	108140-00041	Small Entity Status Claimed	<input type="checkbox"/>
Application Type	Nonprovisional		
Subject Matter	Utility		
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)		Suggested Figure for Publication (if any)	

Publication Information:

<input type="checkbox"/> Request Early Publication (Fee required at time of Request 37 CFR 1.219)
Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.			
Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> Limited Recognition (37 CFR 11.9)
Customer Number	38485		

Domestic Benefit/National Stage Information:

This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.			
Prior Application Status	Pending	Remove	
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
PCT/GB2004/003512	non provisional of		2004-08-16
Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the Add button.			

Foreign Priority Information:

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This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

Remove

Application Number	Country ⁱ	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
0319167.3	GB	2003-08-15	<input checked="" type="radio"/> Yes <input type="radio"/> No

Additional Foreign Priority Data may be generated within this form by selecting the Add button.

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

Assignee 1

If the Assignee is an Organization check here.

Organization Name Electrophoretics Limited

Mailing Address Information:

Address 1	Coveham House		
Address 2	Downside Bridge Road		
City	Cobham Surrey	State/Province	
Country ⁱ	UK	Postal Code	KT11 3EP
Phone Number			
Email Address			

Additional Assignee Data may be generated within this form by selecting the Add button.

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature	/Michael Fainberg/			Date (YYYY-MM-DD)	2010-05-13
First Name	Michael	Last Name	Fainberg	Registration Number	50441

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.